

| CLAIMS ONLY | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">101820863</div> | | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-----------------|--------|
| | | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Indep | 3 | | | | | | | | | |
| Total | | | | | | | | | | |
| Depend | 18 | | | | | | | | | |
| Total | | | | | | | | | | |
| Claims | 21 | | | | | | | | | |